"What needs to be done in our communities to better prevent and respond to mental illness and substance use disorders?"

A NH Listens Report of:

All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse

April 23, 2014

new hampshire listens

New Hampshire Listens is a civic engagement initiative of the Carsey Institute at the University of New Hampshire.

Our mission:

To bring people together for engaged conversations

Our work:

- **Create engaged community conversations on local and statewide issues**
- **Serve as a resource and support network for new local Listens groups**
- **Cultivate a network of facilitators for public engagement and action**

Our principles:

- **Bring people together from all walks of life**
- **Provide time for in-depth, informed conversations**
- **Respect differences as well as seek common ground**
- **Achieve outcomes that lead to informed community solutions**

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EVENT HIGHLIGHTS

Event
All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse

Date
November 14, 2013

Duration
Three hours

Participants
327 New Hampshire residents

Locations
Berlin, Concord, Nashua, Keene, Plymouth, and Portsmouth

Question
What needs to be done in our communities to better prevent and respond to mental illness and substance use disorders?

SUMMARY FINDINGS

The conversations converged around four primary sets of shared concerns or conclusions including:

1. Stigma—Stigma was seen as a significant factor in consumers' willingness to get treatment and recover successfully, in the weakness of broad community support for and understanding of behavioral health, and in the misinformation guiding decision makers and public policy. Participants stressed actions focused on public education and community awareness.

2. Barriers to Treatment and Services—All groups discussed challenges of access to and availability of services. A range of suggestions were made including increased funding for services and public education campaigns as well as considerations about facilities, transportation, and the type of services available. There was a focus on the challenges of specific populations such as veterans, the homeless, elderly individuals, and especially youth where early identification and treatment are critical and often effective.

3. Approaches and Strategies for Change—These included early identification and prevention actions, better coordination and integration of services, more attention to co-occurring disorders related to mental illness and substance use disorders, more effective information and resource coordination, exploration of peer support strategies as well as resources for parents and family members, changes in caregiver training, and a focus of sharing success stories of hope and recovery.

4. Policy Making and Advocacy—Groups in all regions of the state expressed an interest in advocacy, political action, or legislation in relation to issues of substance abuse and mental health. Building on the conversation about public education and community responsibility, several groups felt that public dialogue about mental illness and substance use disorders could contribute positively to legislation. Groups also advocated for effective assessment and evaluation of existing services and structures that could guide future resources allocation and decision making.

PROJECT TEAM

Team Leaders
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Bruce Mallory
Quixada Moore-Vissing

Berlin (3 groups)
Site Host: Ken Norton
Site Manager: Fran Belcher
Facilitators:
Mary Lou Krambeer
Deb Stewart
Cimbria BadenHausen

Concord (7 groups)
Site Host: Amy Pepin
Site Manager: Bruce Mallory
Facilitators:
Tracy Hardekopf
Molly Messenger
Gail Kennedy
Kim Crowley
Ed French
Kathy Mathis
Catherine O'Brien
Amy Cunningham

Keene (4 groups)
Site Host: Susan Paschell
Site Manager: Quixada Moore Vissing
Facilitators:
Hannah Peckham
Steven Boissoneau
Jane LaPointe
Colin Lentz

Nashua (5 groups)
Site Host: Kiri Stroh
Site Manager: Michele Holt-Shannon
Facilitators:
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Betsy Houde
Gale Taylor
Jeanne Dietsch

Plymouth (5 groups)
Site Host: Abby Shockley
Site Manager: Cara Cargill
Facilitators:
Paul Susca
William Ploog
Alan Robichaud
David Lamarre-Vincent
Mollie Farnham

Portsmouth (8 groups)
Site Host: Sheila Gardner
Site Manager: Jim Noucas
Facilitators:
ML Hannay
Bert Cohen
Greg Spaulding
Robin LeBlanc
Maria Sillari
Robin Albert
Nancy Lehoux
Susan Dewhirst
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Sandi Coyle
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"What needs to be done in our communities to better prevent and respond to mental illness and substance use disorders?"

A NH Listens Summary Report of:

All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse

April 23, 2014

Introduction

On November 14th, 2013, a consortium of organizations and interests sponsored *All Walks of Life: A Statewide Conversation on Mental Health and Substance Abuse*. Over 300 New Hampshire residents met in six different locations across the state to talk about their priorities, concerns, and ideas regarding mental health and substance abuse in New Hampshire. At the outset, the goals of this conversation were related both nationally and statewide:

> ➢ *The three main goals of the National Dialogue:*
> - Get Americans talking about mental health to break down misperceptions and promote recovery and healthy communities
> - Find innovative solutions to our mental health needs that are relevant to communities and that serve young people in particular
> - Develop clear action steps to move forward in a way that complements existing local activities
> ➢ *In addition, our NH goal was to address both mental health and substance abuse to:*
> - Inform policy makers about public concerns and preferences for mental health and substance abuse public policy, as well as consider the unique needs of veterans, young people, older adults, low income and homeless people, and people in the criminal justice system.

At each site, participants met for three hours to share their thoughts, as well as to listen to and engage with others about the following question:

> *What needs to be done in our communities to better prevent and respond to mental illness and substance use disorders?*

The conversations explored a wide range of topics related to the question and resulted in suggestions for more effectively addressing the needs of individuals with mental illness, substance use disorders, or both. Of these issues, every small group of the thirty-two groups across the state spent time discussing stigma, and most groups discussed a variety of issues related to the many barriers to preventing, identifying, and coordinating treatment as well as strategies and approaches for addressing these issues. Groups from every region discussed the importance of developing new resources and expanding on existing resources to support consumers, families, and communities. Funding was a concern. Groups urged for policy making and advocacy to support consumers in their path to treatment and recovery.

Compiled here are the priority issues and ideas shared by those participants. NH Listens hosted these events in service to five leading statewide behavioral health organizations and in connection with Creating Community Solutions, the National Dialogue on Mental Health. While the National Dialogue was focused on mental health, New Hampshire intentionally chose to focus on both mental health and substance use due to an increasing recognition that the people who are most at risk are those with co-occurring disorders. Moreover, the New Hampshire host organizations wanted to place these issues in the larger context of health and well-being. Readers can learn more about the national initiative on the Creating Community Solutions website at www.creatingcommunitysolutions.org. The leading behavioral health[1] partners in New Hampshire were New Futures, the NH Community Behavioral

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[1] Behavioral health is an umbrella term that includes both mental illness and substance use disorders.

Health Association, the National Alliance on Mental Illness-NH, the NH Providers Association, and the NH Psychological Association.
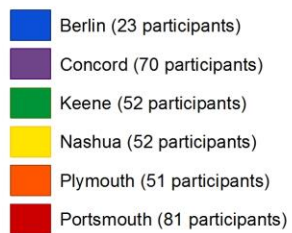
Conversations, such as those organized for the All Walks of Life project, help to augment (not replace) traditional forms of government and policy making. What follows is a detailed description of the process, outcomes of the conversations, and an analysis of all notes from small group discussions that identify areas for further consideration and action. We are grateful for the advice and guidance shared with us by members of a statewide steering committee whose names and organizations are listed in Appendix A. The results of the conversations, as presented in this report, will be shared with all those who participated, as well as the Governor and members of the NH Legislature, state agency leaders, and the general public and media. In addition, the information will be used by service agencies and providers seeking to align their services with expressed needs.
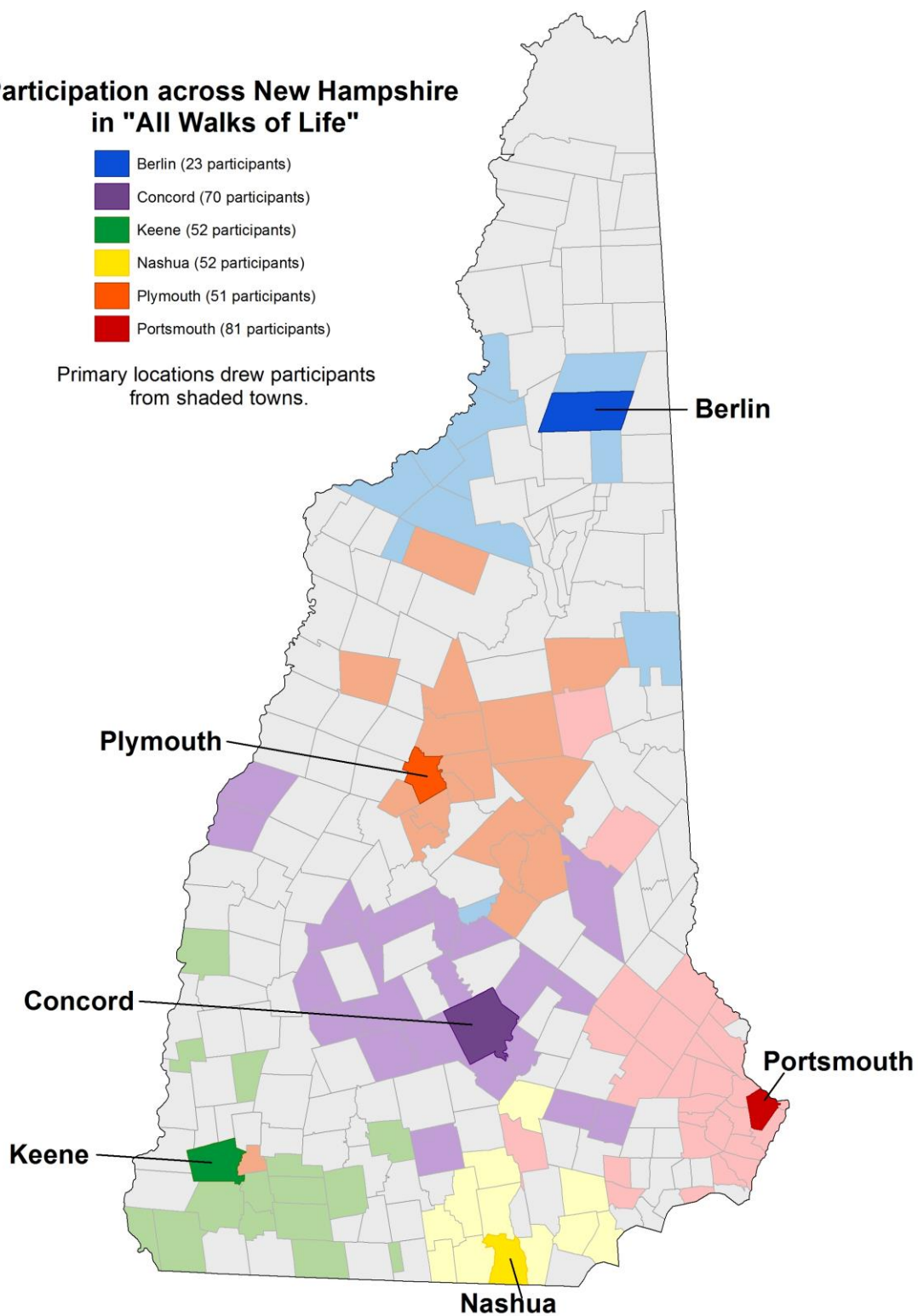
The Community Conversations

NH Listens had a goal of recruiting participants from across the state representing multiple perspectives and communities. Outreach was conducted statewide through email and personal contact (see Appendix B: Invitation to Participants). These community conversations were advertised widely, and everyone was welcome to attend. In keeping with NH Listens' approach, the purpose of these conversations was to engage people in a constructive conversation, not to advance a particular set of goals or solutions. All views and perspectives were recorded and integrated into this report.

The participants in this project spent three hours on a weekday evening in a facilitated discussion about mental health and substance use disorders. This represents a substantial amount of time (over 900 hours of total deliberation by the hundreds of participants). It is significant that our overall summary shows evidence of substantially overlapping concerns. There was much interest in the topic, and over 400 people registered in advance to participate in the sessions. Participants represented about 110 different towns in New Hampshire. The following locations (see next page) were chosen to make sure there was a distribution of sites across the state:

Participation across New Hampshire in "All Walks of Life"

- Berlin (23 participants)
- Concord (70 participants)
- Keene (52 participants)
- Nashua (52 participants)
- Plymouth (51 participants)
- Portsmouth (81 participants)

Primary locations drew participants from shaded towns.

Berlin

Plymouth

Concord

Portsmouth

Keene

Nashua

Focus Questions

In conjunction with statewide lead partners and a statewide steering committee, NH Listens developed a set of focus questions to guide the discussion. These questions were focused on four areas: understanding the basics, stigma and other key challenges, populations for unique attention, and responses and solutions. The key questions asked of participants were:

- What stands out for you about the challenges we face?
- What are the implications of these challenges for our community as a whole?
- What are you noticing as indicators of increased need for services?
- What recent public policy decisions have had impacts on mental health and substance abuse in New Hampshire?
- How can we work with local, regional, state, and federal decision makers to create healthier communities?
- What promising strategies are already in place to improve mental illness and substance use disorders? What two to three strategies do we need?

After introductions within each small group and a general exploration of various issues, participants were asked to explore the information provided in the discussion guide (see Appendix C). The discussion guide adapted information from a variety of sources. National data were provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) and may be found at www.samsha.gov, and New Hampshire data—shared by many statewide behavioral health organizations—may be found at www.dhhs.state.nh.us and www.NHpolicy.org.

The information section of the discussion guide was used to inform participants about a variety of issues, but the focus of the conversation followed the participants' interests. Facilitators asked, "What do you notice about this information?" often following up with prompting questions, such as, "What stands out to you? What is most important to you? What seems like the most critical aspect of this challenge?"

Key Findings

This section summarizes the themes and priorities noted most frequently across all thirty-two small groups in all six locations across the state. Although each location reflected some regional differences and issues pertinent to the towns and communities where participants live, general themes emerged across regions related to trends and challenges facing the state of New Hampshire overall. This report reflects broad themes that majorities of participants in the regional groups identified as important and critical to mental illness and substance use disorders in New Hampshire.

In the summary and analysis of input shared by participants, some topics arose directly from the discussion guide and were explored in significant ways by participants. This was true, for example, for stigma and youth-related issues. Other topics were more a result of input by participants. This occurred in the case of community education, as it was seen as a significant factor in reducing stigma and addressing disconnections between providers and health care systems.

Although a range of topics was discussed at each regional event, certain topics were of particular interest to participants across the state of New Hampshire. The most frequently discussed issues included:

- Social stigma of individuals with mental health or substance use issues

- Barriers to treatment and services, including funding, access, and challenges for special populations

- Approaches and strategies for change

- Policy making and advocacy

Of these issues, *every* small group in *every* regional location across the state spent time discussing the problems social stigma creates for individuals seeking recovery as well as public awareness and political legislation. Every group in every region discussed the importance of developing new resources and expanding on existing resources to support consumers, families, and communities. All but one group out of thirty-two groups around the state discussed the many barriers to preventing, identifying, and coordinating treatment. Every group expressed particular concerns about youth. Many groups expressed the need for more state funds for services, public education, and advocacy. Most groups touched on the importance of early identification and preventative services as well as a need for coordination among existing services and opportunities. The notes from each small group at each location can be found in Appendix D. In the findings below, we have ordered the focus areas within the discussion guide to reflect those themes and issues most frequently discussed by participants. While our process did not ask participants to reach consensus, our analysis attempts to highlight areas of disagreement and areas of significant common ground.

The Power and Consequences of Social Stigma

One of the most widely discussed issues in all thirty-two groups in all regions across the state of New Hampshire was the effect of social stigma. Stigma could include but was not limited to misunderstanding, fear, and stereotyping of individuals with mental health or substance use issues. Stigma was seen as a significant factor in consumers' willingness to get treatment and recover successfully, in the weakness of broad community support for behavioral health, and in the misinformation guiding decision makers and public policy.

For example, a Portsmouth group felt that social stigma prevents people both from seeking help, knowing that they need help, and/or offering help. A different group in Portsmouth felt that because of social stigma, individuals with mental health and substance use disorders or those in recovery remain invisible, which in turn makes the issues harder to address. A Plymouth group felt that a lack of public awareness about these issues influences the public's support for services. For instance, a group in Keene commented that society makes it easier for someone to go to a bar than to admit a mental health or substance use disorder. Several groups in Concord and Keene commented on how the media may exacerbate some of these problems. For instance, a Concord group suggested that the media glamorize drugs and alcohol, as well as violence. A different Concord group felt that there is a lack of compassion for youth with substance use disorders or mental health issues in the media. But these groups felt that the media also have great power and that media could be used to dispel myths, educate others, and change attitudes.

Groups in Berlin, Keene, and Portsmouth also discussed the stigma of violence in relation to mental health and substance use. A Portsmouth group said that isolated violent events increase a perception of mental illness as something to be feared. A Keene group and a Concord group felt there needed to

be more education regarding the fact that people with mental health issues aren't necessarily violent. A different Concord group commented that they were concerned that "the mental health field perpetuates stigma by accepting funding under the guise of reducing violence."

Integration of Services and Public Education

As solutions to reducing social stigma, groups discussed how to normalize mental illness and substance use disorders so that they are seen as commonplace diseases. For instance, groups discussed how social judgment of mental health and substance use disorders cause individuals or families who confront these issues to feel alone or marginalized. A Concord group commented that the public is more accepting of physical impairments than mental health or substance use disorders. Six groups in regions including Concord, Portsmouth, and Plymouth commented that mental health and substance use disorders should be better integrated into the rest of the medical system. Several groups commented on how public education could help people to view mental health or substance use disorders as "casserole diseases" like other chronic illnesses—in other words, a disease where friends are comfortable coming by to offer help (such as a casserole). A Plymouth group suggested that behavioral health and substance use disorder advocacy groups look to models such as how gay rights and cancer awareness groups have been able to overcome stigma. A Portsmouth group suggested that there needs to be education at all levels to normalize these issues. A Keene group said that people need to know that individuals with mental health needs are worthy and successful. Several groups commented broadly that these issues need to be addressed more frequently and openly in order to make it easier to overcome the many powerful consequences of social stigma.

Barriers to Treatment and Services

In addition to stigma, lack of nearby facilities and services and a need for increased funding were most frequently cited as key barriers to accessing treatment.

Access, Availability of Services

Thirty-one groups representing every region of the state commented on trouble accessing services, either because of a lack of facilities or a lack of availability of services. Northern and rural regions, such as Berlin, Keene, and Plymouth, commented that there are not enough local services or licensed mental health counselors. A group in Berlin stated that "we need to improve infrastructures" such as "funding to community health centers, alternatives to stabilize people closer to home, intensive community residential programs, crisis beds, and child psychiatry." A group in Concord reiterated this idea, stating that "small towns and cities don't have the resources or capacities to meet various needs."

A group in Concord discussed a need for long-term care facilities in the area. Even if providers are available, several groups commented that provider caseloads are large, and there is a long wait time for appointments. Groups in Concord and Keene echoed this concern, stating that they need more

> *Northern and rural regions, such as Berlin, Keene, and Plymouth, commented that there are not enough local services or licensed mental health counselors.*

resources for those ready for immediate treatment. A group in Nashua felt that the community could benefit from more substance abuse and medical detox facilities. Many groups felt that hospitals should provide more services for mental illness and substance use disorders. A group in Concord and a group in Keene claimed that the cost of services is prohibitive. A Portsmouth group expressed a view that

New Hampshire does not adequately provide resources for those with mental illness or substance use issues. A group in Keene agreed, stating that "the majority of folks go without treatment or services."

Many groups in all of the regions discussed a lack of physical resources such as housing, beds, and facilities. In particular, there was a concern that New Hampshire lacks both short-term housing resources such as beds for people to obtain treatment, heal, and recover, as well as longer term housing resources. A Nashua group felt that consumers needed access to safe and affordable housing. Several groups commented on the need for more beds in hospitals and local facilities for individuals with mental illness or substance use disorders.

Issues like transportation and access to employment were discussed by groups in Keene, Berlin, and Plymouth. Groups in Concord, Keene, and Plymouth commented on the need for more effective health care and health insurance coverage. A Concord group commented that a lot of insurance doesn't cover continued care, only short-term care. A Plymouth group suggested that making the system easier to navigate should be a priority. Groups in every region discussed the need for Medicaid expansion. A Concord group noted that federal disability benefits were discontinued with incarceration. A Keene group discussed the need for clarity on what the new federal health care plan will and will not cover in regard to mental health and substance use disorder treatment.

Funding Needs

Many of the issues described above are affected by state and community funds. Groups representing all the regions across the state and twenty-seven groups total discussed funding for various issues such as services, resources, facilities, advocacy, and public awareness. Many groups commented that an effective call for funding is to demonstrate to communities that they will "pay now or pay later" by documenting the consequences of both preventative and retroactive services. A Portsmouth group suggested that preventive services can reduce long-term costs such as jail, homelessness, or hospital charges. A Concord group suggested that funding be preserved or redirected to prevention and early intervention to address root causes. Six groups from regions including Portsmouth, Plymouth, and Concord felt that funders would be attracted to stories of recovery since these individuals demonstrate the impact that services can make.

Other groups discussed the pinch of financial constraints. A Keene group commented that "people who make money allocations don't value the communities we serve…where are our priorities?" Here it seemed stigma and assumptions impacted the way decision makers understand who is being served. Some Keene groups felt that funding skews priorities in ways that can impact diagnosis. Several groups discussed the alcohol sales tax and debated how the funding was being used. A Concord group suggested that some of these funds are supposed to go toward prevention. Some groups talked about how use of these taxes could better integrate mental health and substance use services. A Plymouth group thought that the state could use existing funding more effectively and collaboratively. A Concord group felt that philanthropic foundations might be interested in more collective, coordinated impacts of funds. Coordination of services is discussed in the *Effective Coordination of Services and Integrated Treatment* section. Thus, some of the outlined initiatives discussed in this report can strengthen and support each other.

Focus on Specific Populations

Although the conversations generally centered on services for all people with mental health or substance use issues, there were some populations that groups felt need special attention. These populations include youth, veterans, homeless individuals, and older adults, individuals with developmental disabilities, and individuals who were formerly incarcerated.

Youth Services (School Age and Beyond)—Small groups in every region of the state (thirty-one groups in total) spent time talking about the specific needs of children and young adults. Over eight groups from across the state including Concord, Keene, and Portsmouth discussed the need for more presence and connection of providers and health educators *in* schools to increase education and support around mental illness and substance use disorders. In light of the statistic that New Hampshire has the highest underage drinking rate in the nation, some groups commented on the need to increase

> *If I had gotten the help and support I'm getting now as a kid, it would have been a different universe.*

alternatives to drugs and alcohol for youth. A Concord group commented that schools "need to identify substance use disorder risk factors early on in youth." Several groups who discussed the general need for early identification specifically commented on how youth populations need to be identified at young ages and referred to appropriate services. A Portsmouth group recommended that schools perform universal screening for mental health issues. In order to support early identification and resource referral, several groups discussed the importance of training educators, students, and parents to understand and respond effectively to mental illness and substance use disorders.

Groups also discussed the need for further resources in schools to support suicide prevention and promote a culture of awareness and acceptance. Groups from Concord and Keene recommended increased peer-to-peer programs to encourage acceptance at younger ages. A Portsmouth group recommended that substance abuse and mental health become required discussion topics at PTA meetings. Several groups throughout the state expressed concern over bullying through social media and other forums. Groups in Nashua, Plymouth, and Keene discussed how cutting CHINS (Child In Need of Services) funding has been problematic. A Berlin group expressed concern about the impact abuse and exposure to witnessed abuse could have on young children. Several groups mentioned children in their communities who are born to drug addicted mothers and the problems this creates. Groups in the North Country and Plymouth area discussed a need for more psychiatric services for children.

Although most of the discussion focused on K-12 schools, groups discussed college as well. A Nashua group emphasized how important it is that resident assistants in dorms be educated to recognize signs of substance use disorders and mental illness. Overall, there was a strong interest in helping youth populations to obtain treatment. As a participant in a Keene group stated, "If I had gotten the help and support I'm getting now as a kid, it would have been a different universe."

Veterans—Groups in every region of the state (twenty-three total) expressed concern about a lack of services within the state for veterans. Several groups commented on how New Hampshire does not have a full service veteran facility or adequate transportation to veteran services. Even though it seemed that this is particularly problematic in northern regions of the state, a consistent message was delivered in each group that New Hampshire veterans are not getting what they need for support around mental health and substance use disorders. There was conversation about how military culture does not support mental health services for veterans, and that there is a stigma associated with Post-Traumatic Stress Disorder. In a recent report by the New Hampshire Legislative Commission on Post

Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), stigma was identified as the biggest barrier to treatment for New Hampshire veterans. Groups also discussed and were concerned about the high rates of suicide, substance use, and homelessness among veterans.

Other Populations—Some groups expressed concern about the growing population of older adults in New Hampshire and their need for mental health and substance use disorder services. A group in Plymouth stated that the region needs "a plan for services for older adults including transportation, providers, and medication." Several groups in Concord, Keene, and Nashua also discussed the importance of treatment across the lifespan and resources for all ages.

Some groups commented on the link between the criminal justice system and both substance use disorders and mental health issues. There was a concern that there are not adequate services for individuals who are transitioning out of the criminal justice system back into society.

Groups in Berlin, Plymouth, and Concord also expressed concern about how New Hampshire could better support homeless individuals with mental illness and/or substance use disorders.

Approaches and Strategies for Change

Early Identification and Prevention

Twenty-eight of the thirty-two small groups across all of the participating regions discussed the importance of early identification of mental health issues or tendencies toward substance use, as well as the need for preventive, proactive services rather than reactive ones. Some groups felt that schools should lead the way in early identification, discussed earlier in the *Special Populations* section of the report. A Plymouth group commented that early identification and preventive services could be enhanced by increased facilities, supervised housing, and hospital spaces. Every group in the Berlin region commented on a lack of preventive services and treatments, particularly the absence of a child psychiatrist in the area as previously mentioned. A Keene group raised the importance of preventive services, but also

> *Crisis is more expensive than treatment. Treatment is more expensive than prevention.*

questioned—"What does prevention mean? Is it being brought to the hospital? Is it sending people to Concord, or is it sitting down the full family?" A Concord group suggested that New Hampshire should strengthen prevention coalitions to increase attention to preventive services for substance use disorders and mental health issues. As discussed previously in the *Funding* section of the report, many groups felt that the state either "pays now or pays later" and that paying now is better for everyone involved. One participant stated, "Crisis is more expensive than treatment. Treatment is more expensive than prevention."

Coordinating Treatment and Recognizing Co-Occurrence of Disorders

Twenty of the thirty-two small groups discussed the importance of coordinating various services and treatment plans for consumers. The need to coordinate services stems from the fact that many consumers work with more than one provider for services such as counseling, treatment, and medication. Several groups described a "treatment gap" where consumers were lacking certain services or where different services may undermine each other. Groups in Concord and Keene commented that providers don't always collaborate with other providers serving the same consumer, and that this coordination needs to be encouraged. A Keene group commented that

medication is not always coordinated with services or other medications. Many groups commented on overmedication in the field and not enough focus on other services to supplement or substitute for medication. Some groups were unaware of current efforts to create a statewide prescription monitoring system. A Plymouth group commented that providers need to coordinate housing, health care, and treatment. A different Plymouth group commented that the system of services in general is difficult to navigate, and that benefits and resources need to be easier for consumers to find. A Concord group suggested that a clearinghouse for information could be a solution to this issue. Although this effort is currently underway in New Hampshire, these comments indicate that the public may be unaware of this project. Several groups in Concord, Keene, Plymouth, and Portsmouth commented on the need for a holistic viewpoint and approach to treatment. A Concord group commented that there should be a clear process for communication and intervention in regard to substance abuse and mental health.

Co-Occurrence of Disorders and How to Coordinate Treatment

Although there are certainly differences between mental illness and substance use disorders, eighteen of thirty-two groups and all of the regions discussed the importance of treating co-occurring mental illness and substance use disorders together. A Concord group commented that there is a lack of resources for treating mental illness and substance use disorders in tandem.

Another Concord group suggested that there is a disconnection between the two sectors of service providers and services. Two Portsmouth groups commented that the level of co-occurring mental health and substance use disorders creates huge

> *Some groups discussed how addiction is seen as a choice whereas mental health issues are not.*

issues. A Keene group felt that many individuals with mental health issues turn to substances to "cure" or ease their conditions, and that there is thus a cyclical relationship between mental illness and substance abuse. A Berlin group said that drugs are contributing factors to both crime and mental illness. A Concord group felt that separating mental health from substance use disorders causes a stigma with the population and among professionals that make it hard to change attitudes and beliefs. As solutions to some of these issues, a Concord group suggested adding more mental health issues to the DARE (Drug Abuse Resistance Education) curriculum. Another Concord group suggested that more training for licensed alcohol and drug abuse counselors (LADACs) be provided so that they learn how to diagnose and address mental illness.

Though there is overlap for many individuals between mental illness and substance use disorders, each issue faces its distinct challenges and unique needs. Some groups discussed how addiction is seen as a choice whereas mental health issues are not. Some groups felt that mental illness is better resourced than substance abuse. A Keene group commented that mental health and substance use disorders must have equal standing with regard to funding and program delivery. Due to the nature of the materials at the conversations that were drawn from a national dialogue focusing on mental health, many participants commented that the conversations seemed skewed toward a focus on mental illness. Thus, further conversation that develops the complexities of mental illness and substance use disorder issues together, as well as substance use disorders on their own, is warranted.

Groups also discussed drug courts, or specialty court programs designed to promote compliance with treatment programs as an alternative to jail time. A Nashua group encouraged substance use disorder programs that are evidence based, including proven strategies of prevention and treatment. Overall, there was a desire in groups to provide treatment for people that accounts for the unique needs of each individual.

Information, Resource Development, and Coordination

Groups from every region discussed the importance of developing a range of resources to support consumers, families, and communities. Several groups commented on the need for consumer driven services and peer support networks, meaning that individuals who have experienced and recovered from substance use disorders or mental illness are leaders in identifying what works. Several groups also expressed support of expanded screening and assessment. A Nashua group discussed the benefits of the Illness Management and Recovery (IMR) program, a curriculum used to help people develop personal strategies for coping with mental illness and moving forward with their lives. IMR was seen as an effective way to teach families about illness management and recovery. Groups in Concord, Nashua, and Plymouth discussed the need for services and follow-up for consumers at key moments of treatment or life transitions. As mentioned above, the idea is that treatment is long term, spanning many years rather than a temporary solution.

Groups in both Concord and Keene expressed frustration that more accurate and effective data are not collected and utilized. A Concord group commented that there is a lack of utilization of current research. A different Concord group suggested that mental health and substance abuse sectors make use of local college and university resources, particularly by partnering with consumers in workforce development oriented programs. A Keene group felt that legal resources are a challenge to locate. Groups in Concord and Portsmouth discussed the need for adequate crisis capacity, which could be accomplished through outpatient crisis teams to prevent or reduce the use of emergency room beds. Effective training of EMTs, police, and other rescue response are addressed in the *Community Impact and Education* as well as the *Training of Care Providers* sections. A Concord group urged that the substance abuse and mental health sectors develop more information materials such as handouts, posters, and scans for phones. Some groups discussed the importance of consumer education about the Mental Health Parity Act. Other groups recommended that there be more education for younger generations, particularly in schools. Groups felt that education must include providers, consumers, and family members. Many groups also encouraged the development of public education campaigns to spread knowledge, dispel myths, and train people from all sectors about how to work with consumers, which is discussed above in the *Power and Consequences of Social* Stigma and *Policy Making and Advocacy* sections.

Development and Encouragement of Peer Support Services

Every region in the state and fourteen different groups discussed the importance of peer support services. The philosophy behind peer support services is that individuals who have experience with mental health or substance use disorders can be valuable resources to others experiencing similar challenges. A Berlin group suggested there should be more opportunities to train peer mentors. A Concord group had an idea to make peer support available in emergency rooms when patients with mental health or

Individuals who have experience with mental health or substance use disorders can be valuable resources to others experiencing similar challenges.

substance abuse issues are admitted. The same Concord group also suggested that schools and educational settings develop peer support, which could create a culture of acceptance at earlier ages. A Nashua group suggested that peer support be linked with clinical services to create a family atmosphere where people could engage in social activities together. Many participants mentioned the effectiveness of peer support and the economic benefits of a process that supplements or replaces a medical model of treatment.

Continued and Expanded Resources for Parents and Family Members

All the regions in the state and twenty-five groups engaged in conversations about the need for services and resources for family members of consumers. A Concord group suggested that treatment work on healing the entire family. A Keene group echoed this sentiment, commenting that it is not just one person, but the entire family that is affected by lack of treatment. The same Keene group commented that it may not be best to take individuals out of their families or communities to get treatment—there may be positive work that can be done within the family. As mentioned above, many groups also commented on the need for further development of educational resources for parents and family members. However, conflicts associated with involving families were also discussed. Several groups discussed the complexity of HIPPA, patient privacy, family rights and needs, and how to balance these considerations.

Training of Care Providers

At least one group in every region of the state and twenty-one groups in total discussed the need for more training of care providers. A Keene group commented that the medical community and other professions that work with people with mental illness and substance use disorders need more training. A Concord and a Keene group both felt that first responders and crisis teams need more training about mental health and substance abuse. A different group from Keene suggested that consumers could teach providers about best practices and innovative solutions to problems. A Concord group suggested that primary care providers engage in training so that they can take patients' environmental and behavioral histories and refer them to needed services. Several groups commented that care providers need to provide more dignity and respect to consumers. Other groups discussed the complexity of providing effective care to consumers in the face of enormous caseloads and a lack of existing financial and other resources.

Focus on Hope and Recovery

Twenty small groups felt that one of the most important approaches to both treatment and public education was to focus on hope and recovery. A Keene group commented that others need to know that treatment works. Groups encouraged individuals who have recovered successfully from difficult periods of mental health or substance use disorders to speak out and tell

Groups encouraged individuals who have recovered successfully from difficult periods of mental health or substance use disorders to speak out and tell their stories.

their stories. This could be accomplished through a speaker's bureau or through less formal avenues. This was seen as a critical strategy for reducing stigma and encouraging recovery.

Policy Making and Advocacy

Groups in all regions of the state and twenty-six groups in total expressed an interest in advocacy, political action, or legislation regarding mental health and substance abuse public policy. A Plymouth group stated that mental health and behavioral health advocates should "find creative ways to speak politically and increase the government's role in resourcing solutions and engaging legislators effectively." There was an interest in many groups to connect ideals with legislation and to educate and work with New Hampshire elected leaders and decision makers. A Nashua group commented that this education might occur through mental health advocates from organizations like National Alliance on Mental Illness (NAMI). A Plymouth group commented that there is a lot of ignorance and prejudice by public leaders. A different Plymouth group felt that a way to raise awareness is to compare the cost of taxes before and after considering law enforcement, court, and jail expenses incurred by individuals with mental illness or substance use disorders. A Keene group felt that mental health and substance abuse groups could work with New Hampshire gun shops to help with suicide prevention and education.

Groups also discussed the need for assessment and evaluation of current systems and approaches. A Portsmouth group commented that consumers need to be part of policy decisions, sharing their views of what is or is not working in the current system. A Plymouth group suggested that the state make community plans with annual report cards to show how certain towns are doing in supporting behavioral health treatment and services.

Community Impact and Education

A key component of effective policy making and advocacy seemed to be comprehensive community education. Every region and every group discussed the importance of an education and awareness campaign to help the public to better understand issues of mental illness and substance abuse and reduce stigma. Suggestions for the campaign included:

- Focus on public education in systems such as hospitals, correctional systems, health care, schools, and law enforcement
- Reach out to people who think they are unaffected and develop a broader network
- Reframe mental health and substance abuse as public health issues
- Emphasize that mental illness and substance use disorders are treatable and recovery is possible
- Educate people about the brain, mental illness, and substance use disorders
- Teach the public about the cost and impact of addiction on health care systems, businesses, and other social and economic structures
- Explain how mental illness and substance use disorders are diseases of the brain
- Shift the conversation away from a culture of blame

Every region and every group discussed the importance of an education and awareness campaign to help the public to better understand issues of mental illness and substance abuse and reduce stigma.

The audience for this educational campaign includes consumers, patients, providers, parents and families, employers, decision makers, and the general public. In particular, groups emphasized the importance of educating school officials and students, as well as law enforcement and criminal justice professionals. Four groups

in the regions of Concord, Keene, and Plymouth discussed the need to train law enforcement officials in particular about mental health and substance abuse issues. Building on the conversation about public education and community responsibility, several groups felt that local and statewide public dialogue about mental illness and substance use disorders could contribute positively to legislation. Two groups in Portsmouth commented that this public dialogue might lessen stigma, dispel myths, and change the paradigm.

One of the strongest messages that came through discussion of a public education and awareness campaign was the idea that mental health and substance abuse need to be seen as issues impacting all communities and which need a community response. Many groups focused on community based care within their conversations. A group in Concord discussed the need for a "greater community coalition to design creative, integrative, working connections that discover, prevent, treat, and support" mental illness and substance use disorders (among police, parents, health care providers, religious officials, and others). A Plymouth group commented that community ownership translates into action. Several groups expressed interest in revisiting the New Hampshire "ten year mental health plan" (*Addressing the Critical Mental Health Needs of NH's Citizens: A Strategy for Restoration*, written in 2008, can be found at www.dhhs.nh.gov/dcbcs/bbh/documents/restoration.pdf). Overall, there seemed to be a sense that an understanding of the history of efforts in New Hampshire as well as effectiveness of current structures could provide a foundation for future policy making and advocacy.

New Hampshire's Unique Challenges

Groups in all regions of the state commented on New Hampshire's unique challenges and position as a state. One group from Plymouth questioned how New Hampshire could go from the first in the nation to the worst in mental health care. Other groups also commented on the lack of services and resources present in New Hampshire. A Portsmouth group recommended that advocacy leaders publicize the disparity between New Hampshire and national statistics. As mentioned previously, many groups were

> *Many groups were alarmed by New Hampshire's high underage alcohol use and declining mental health and substance use disorder services.*

alarmed by New Hampshire's high underage alcohol use and declining mental health and substance use disorder services. A Nashua group commented that we need to improve the infrastructure in New Hampshire to address the societal problems that contribute to or result in mental illness, homelessness, or poverty. A Portsmouth group commented that New Hampshire's unique character of "Yankee individualism may add to a culture of denial and keeping silent on mental health issues" so that residents instead remain isolated and often untreated. Consequently, a cultural shift in the way people talk and think in the state is needed. Several groups recommended that the state revisit the ten-year mental health plan. Overall, there was a sense of New Hampshire's unique challenges and opportunities. One Portsmouth group suggested that New Hampshire use its political platform related to presidential primaries to effect change and contribute to the conversation nationally.

Regional Differences

Although most themes discussed in this report were not region-specific, there were some geographic variations between groups. Communities such as Berlin and Plymouth that are located in more rural and northern regions of the state expressed some similar and varying concerns. For instance, both Berlin and Plymouth commented on a particular lack of resources for veterans in the northern part of New Hampshire, although this was a theme throughout the state. The geographic isolation in the north creates issues such as a lack of treatment services, emergency room services, hospital beds, and psychiatric services for children. Several groups in Berlin discussed the potential of "tele-psychiatry" as a way to get people the help they need without the travel. Plymouth and Berlin also expressed particular concern about drug and alcohol use. In Berlin, several groups noted that suicide rates are twice as high in Coös County, and that this is an issue that needs to be addressed. Participants from both Berlin and Plymouth expressed particular concern about parolees that had been recently released from prison. It seemed that there are few resources for these individuals in relation to substance use disorders and mental health treatment, and for making transitions back to the community. In Berlin, each group commented on a need for infant and early childhood care, as well as resources for parents. In Plymouth, several groups mentioned the need for a "wet house" where alcoholics could still drink while beginning treatment for mental health issues.

In the Concord region, there was a specific concern about services for refugee populations. Both Keene and Concord groups engaged in more discussion than other groups about problems with media depictions of mental health and substance use. Concord participants also expressed particular concern about services and housing for homeless

Yankee individualism may add to a culture of denial and keeping silent on mental health issues.

populations. The Nashua and Portsmouth regions expressed no consistent regional characteristics.

Participant Attendance and Evaluation Summary

Three hundred twenty-seven participants attended the events. NH Listens regularly asks participants to complete an evaluation at the conclusion of a community conversation about the process of deliberative dialogue, as well as some basic demographic information. Two hundred ninety participants responded to an evaluation about the NH Listens process. At the All Walks of Life event, NH Listens also participated in a pre- and post-survey with questions tied to a national survey through Creating Community Solutions, which will be discussed in more detail in the *Comparisons with National Responses and Events* section later in the report.

The participants who responded to the survey indicated that they were mostly Caucasian, which reflects the demographics of the state of New Hampshire. On average, participants were 54 years old. More women than men attended the event, and more individuals identifying as liberals rather than conservatives attended the event. Almost a third of participants identified as politically moderate. The majority of participants had completed a college or post graduate degree. Although NH Listens and its partners encouraged individuals from all backgrounds, ages, and political ideologies to attend the event, it seems that certain demographics were more attracted than others to the All Walks of Life conversations. Thus, although the feedback and responses in this report reflect a significant regional cross section of perspectives from individuals who wear various hats in their communities, it is important to remember that some voices may be more represented than others due to the nature of

who attended the conversations. Still, individuals whose lives have been significantly affected by mental health and substance use disorders both directly and indirectly attended the conversations in large numbers. The majority of these participants indicated on the survey that their perspective was respected in the conversations and that everyone was encouraged to participate. Since decision making affects these individuals in profound ways, the voices contributing to this document should be taken seriously, with the understanding that other voices that were not as well represented should also be pursued. For more detailed information about who attended the events, see Appendix E.

New Hampshire Responses on National Measures of Analysis

At the *All Walks of Life* events, participants were surveyed on several demographic and topic-specific questions taken from the Creating Community Solutions surveys. Creating Community Solutions is a national initiative to embark on conversations about mental health using deliberative dialogue forums. New Hampshire event organizers opted to participate in collecting data using some of the Creating Community Solutions survey items so that New Hampshire could contribute to a national data set related to deliberative dialogue and mental health. Although the NH Listens conversations included dialogue about both substance abuse and mental health, the Creating Community Solutions surveys were focused just on questions about mental health. As a result, the results of survey items below are helpful, but readers should keep in mind that there is a disproportionate focus on mental health due to the aforementioned reasons.

NH Listens has elected to contribute to the national data collection and upload its information to Creating Community Solutions for the use of national partners, but has elected to report only on statewide measures below. Comparisons between the national sample, who thus far participated in day-long dialogues in four large urban sites, and the New Hampshire sample are difficult to make, given the modifications made in New Hampshire to the national material and the significant difference between a statewide and single urban site effort.

New Hampshire participants were surveyed before and after the event, and were given a unique identification number to track their responses. The results presented below represent the aggregate totals from Berlin, Concord, Keene, Nashua, Plymouth, and Portsmouth.

What Was the Background of Participants?

- 37 percent of participants identified as mental health service providers
- 71 percent of participants have direct experience with the mental health issues of a family member or friend
- 38 percent of participants had direct personal experience with mental health issues
- 7 percent were not mental health service providers, and had no direct experience with mental health issues of their own or others

How Much Confidence Did Participants Express in the Process?

As seen in Figure 1, New Hampshire participants (259 in sample) showed little change by the end of the conversation in their confidence that the discussions would yield an effective plan. When comparing responses before and after the event, participants who were extremely confident increased slightly, whereas participants who were somewhat or not at all confident decreased slightly.

Figure 1: How confident are you that the participants in today's discussion can develop an effective plan to address mental health problems in our community?
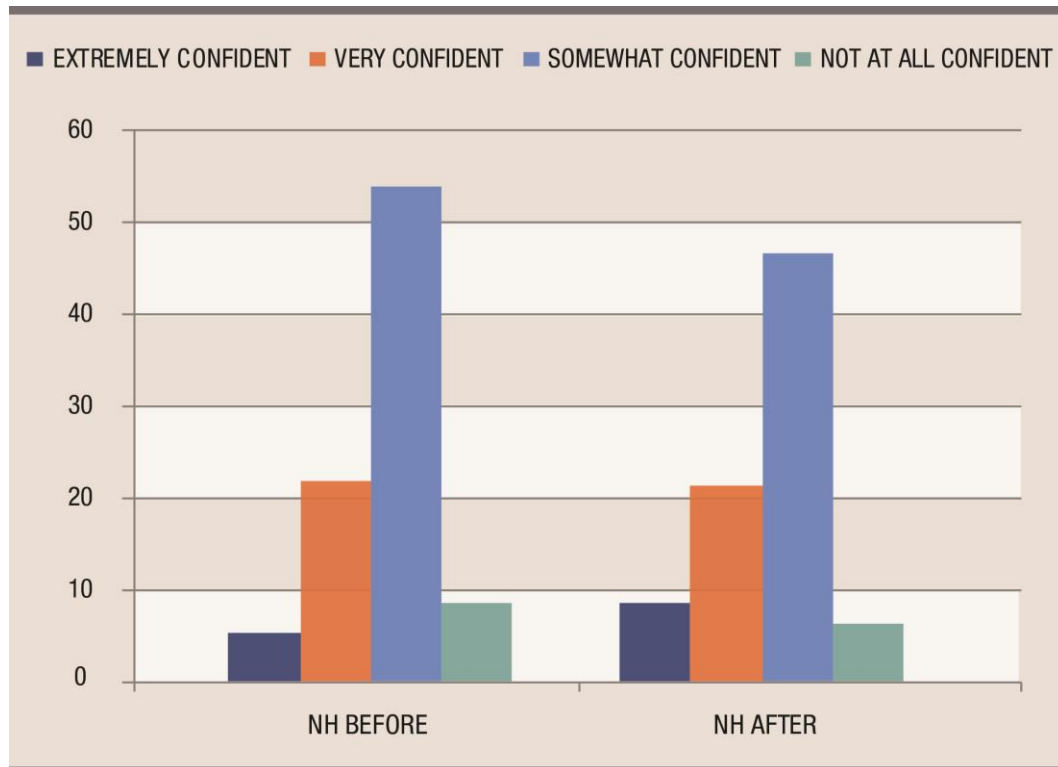
During What Phase of Life Do Adult Mental Illnesses Begin?

As seen in Figure 2, a question intended to measure an understanding of mental illness asked "during what phase of life do most adult mental illnesses begin" and presented participants with two options— "when people are children or young adults" and "after 25 years of age." The correct answer to this question is that mental illness generally begins when people are children or young adults. Prior to the conversations, 72 percent of New Hampshire participants demonstrated correct responses, whereas after the conversation, participants' correct responses declined by 1 percent. However, the portion of participants who incorrectly believed that mental illness usually begins during adulthood declined, from about 18 percent to 10 percent.

Figure 2: During what phase of life do most adult mental illnesses begin?
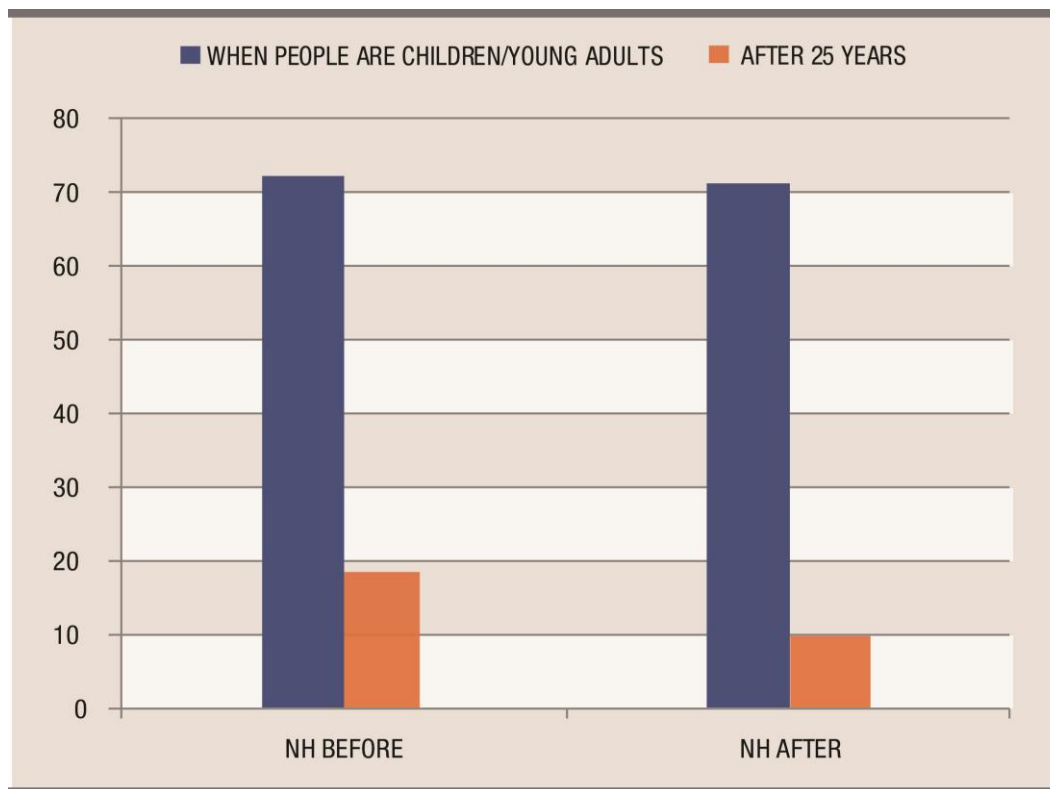
Did the Discussion Help You Understand Mental Health Challenges in Your Community?

As seen in Figure 3 below, when participants were asked if the discussion helped them to better understand mental health challenges, 84 percent of participants indicated that, on the whole, they felt that the conversations helped them to better understand challenges related to mental health and substance abuse in their communities.

Figure 3: Overall, did the discussion help you better understand mental health challenges in your local community?
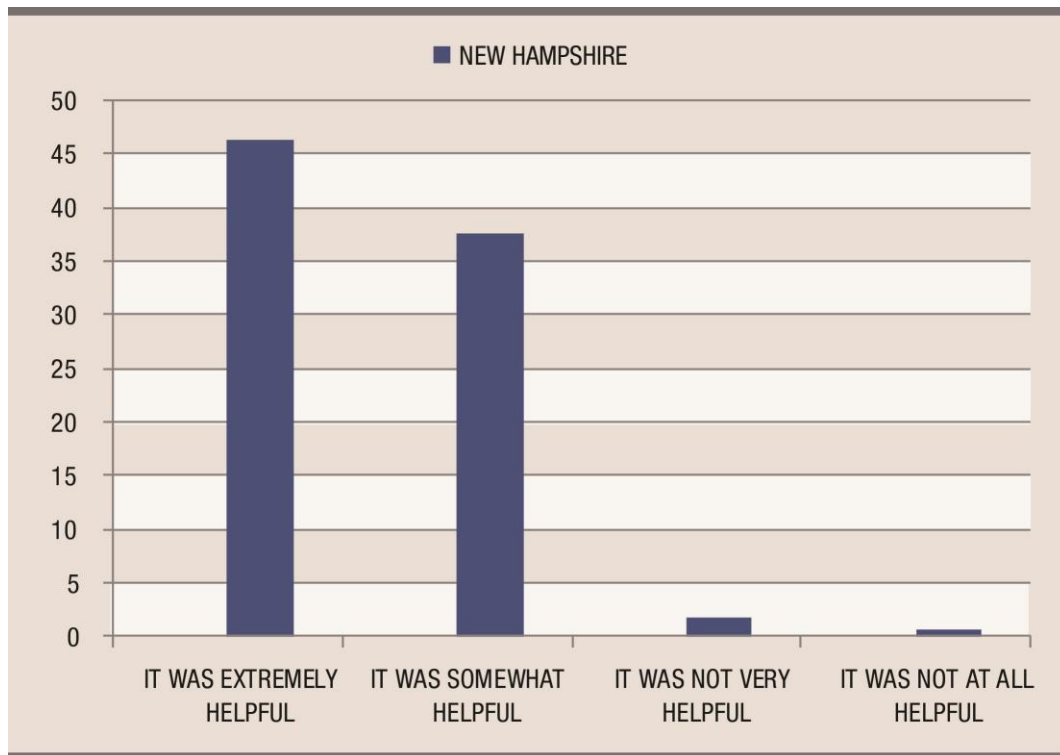
Did the Conversations Change Your Views?

As seen in Figure 4, the majority of participants indicated that their views changed after the conversations. Forty-nine percent of respondents felt their views changed and they felt a little or a lot more optimistic; 32 percent indicated that their views did not change after the event.

Figure 4: As a result of the table discussions you participated in today, have your views changed about addressing the mental health challenges facing our community?
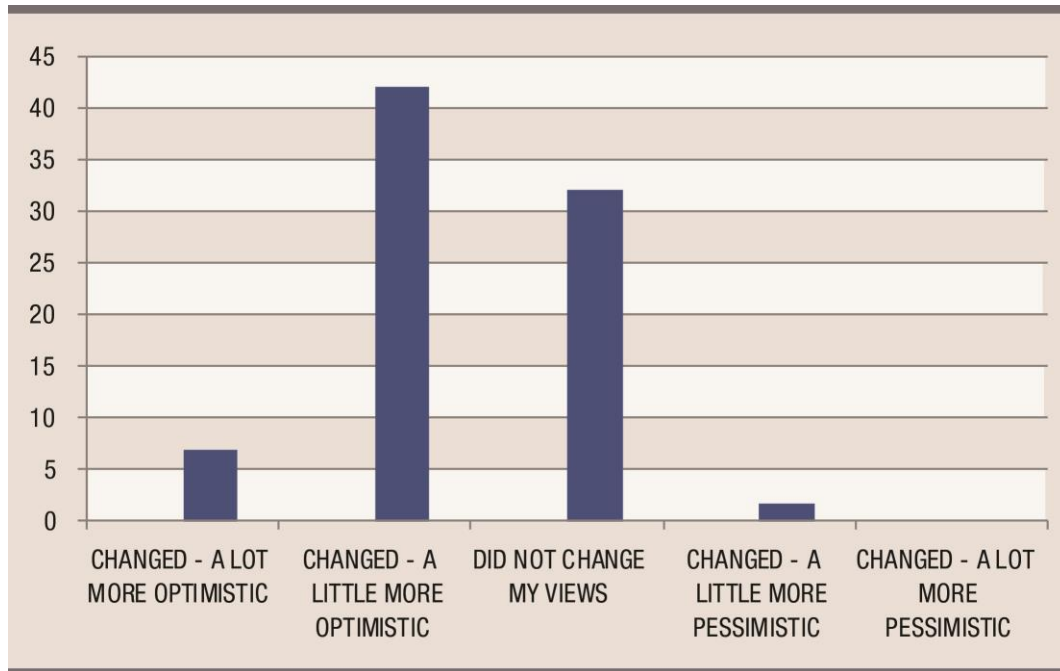
Hope for Recovery and Treatment

As seen below, Figure 5 indicates a notable increase in the belief that there is potential for recovery and treatment for people with mental illness. Prior to the event, about 34 percent of respondents believed that a person could recover from mental illness with a combination of therapy, medical help, and continued support. After the event, about 63 percent of respondents felt that recovery was extremely likely with therapy and support. This suggests that with additional information, conversation, and understanding of mental health and substance abuse, participants demonstrated increased confidence in recovery and treatment. This finding is consistent with the findings reported above that public education emphasizing the effectiveness of treatment is important to progress in the Granite State.

Figure 5: How likely is it that a person seeking to recover from mental illness can do so with a combination of therapy, medical help, and continued support?
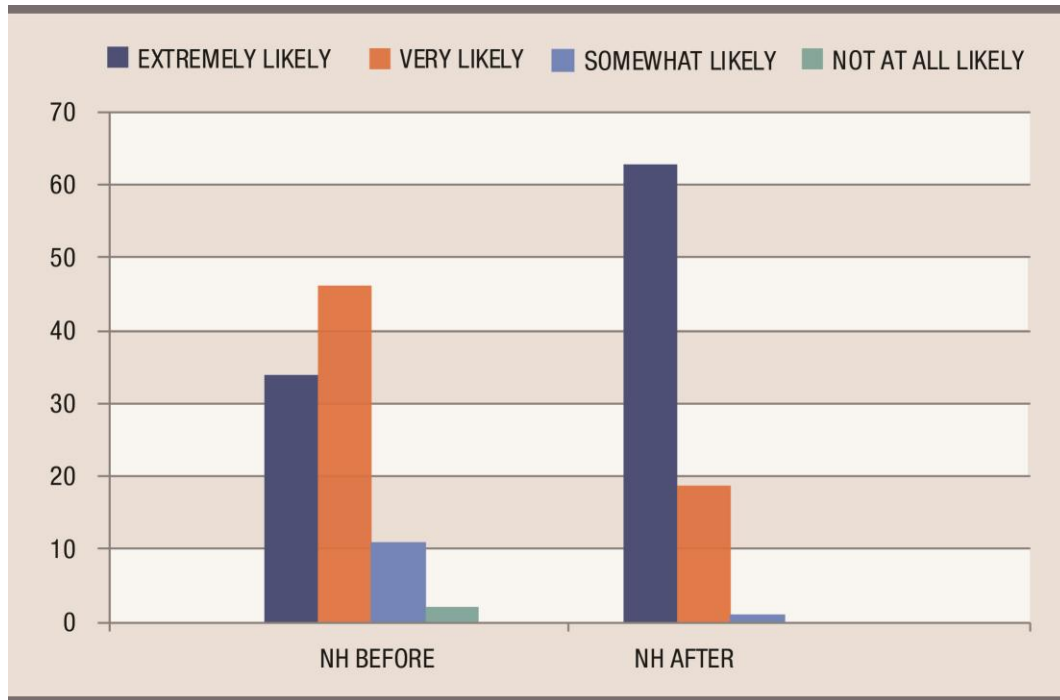
Conclusion

Over three hundred engaged and committed people came out on a weekday evening across multiple sites in New Hampshire to discuss their concerns and priorities regarding mental health and substance abuse. Readers of this report, including everyone who participated in the *All Walks of Life* conversations, can identify actions and recommendations emphasized for improving community health and well-being related to mental health and substance abuse. Participants at these sessions spent a significant amount of time discussing ways to reduce stigma, address barriers to treatment and prevention, and increase access to a range of evidence based solutions.

Solutions and effective practices are well known and have been documented and identified in New Hampshire based research and strategy documents, such as the "Ten Year Mental Health Plan." As many participants indicated, we "know what to do." Although there were a variety of viewpoints and controversies within groups, recommendations essentially revolved around:

- Prevention and effective management of substance use and mental health needs through early identification and treatment

- Effective treatment and services, including expanding access to and availability of the types of services in the state

- Information sharing and resource development

- Public education and awareness as a means to address social stigma and lack of resource allocation

- Policy making and legislation that accomplishes the above and other approaches recommended in the report

Still, significant barriers interfere with progress. Funding is a pressing issue in creating quality of, access to, and availability of services, yet not all the barriers to treatment and services are directly funding related. For instance, stigma obstructs improvements at all levels of need as misconceptions and blame continue to dominate how many of us perceive mental illness and substance use disorders. Public education and awareness campaigns could address issues of stigma. For instance, participants in this conversation had noteworthy increases in confidence from before to after the conversation in their perception that a person could recover from mental illness with a combination of therapy, medical help, and continued support. Thus, a comprehensive public awareness and educational campaign may be the first step in encouraging subsequent decision making about mental health and substance use in New Hampshire.

Finally, participants are interested in seeing increases in access to local, affordable, appropriate care including investing appropriately at all levels, particularly prevention and treatment, in order to reduce costs incurred at expensive crisis points in the system. Groups in each region of the state expressed concern about New Hampshire's overall resources as a state, particularly in response to escalating needs and diminishing resources.

Decision makers utilizing this report can consider participants' perceptions and recommendations. More information about who participated in these conversations is provided in *Appendix E.* When asked if they "talked about the most important issues," 84 percent of respondents agreed. Collectively, we have indicated topics of importance for reflection and next steps.

<u>Notes</u>

<u>Notes</u>

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